

Rural District of Great Ouseburn.

Dr. C. E. Lownd's Annual Report

Of the Sanitary Condition of the Rural District of Great Ouseburn
for the year 1904.

MR. CHAIRMAN AND GENTLEMEN,

I beg to submit to you my Report for the year ended Dec. 31st, 1904.

The Population of the Great Ouseburn Union was at the last census 9,573.

BIRTH RATE.—There have been 241 births registered during the year, as against 226 last year, giving a birth rate of 25 per 1,000, last year the birth rate was 23·6 per 1,000. The birth rate for England and Wales for 1904 is 27·9 per 1,000, the lowest birth rate ever recorded for England and Wales.

DEATH RATE.—127 deaths have occurred in the Union, giving a death rate of 13·2 per 1,000, this is a low death rate, the average for the preceding ten years being 14·1 per 1,000. The death rate for England and Wales is 16·2 per 1,000 for year 1904.

Under 1 year of age 33 deaths have been registered, giving a death rate of 3·4 per 1,000, as against 2·1 in 1903.

Of the 127 deaths, 33 occurred under 1 year of age, 9 between the ages of 1 and 5 years, 3 between 5 and 15, 3 between 15 and 25, 27 of the age of 25 and under 65 years, and 52 over 65 years of age.

Of the 33 deaths that occurred under 1 year of age, 1 was due to measles, 2 to Whooping Cough, 3 Diarrhœa, 1 Enteritis, 5 Bronchitis, 6 Premature Birth, 2 Tubercular Disease, and 13 from other causes.

Of the deaths between 1 and 5 years of age, the causes were Measles 2, Diarrhœa 1, Tubercular Disease 1, Bronchitis and Pneumonia 2.

Between 5 and 15 years, the causes were : Accident 1, Other Diseases 2.

Between 15 and 25 years the 2 deaths were due to Phthisis.

Of the 28 deaths between 25 and 65 years of age, the principal causes were : Smallpox 1, Enteric Fever 1, Phthisis 5, Tubercular Disease 3, Cancer 3, Heart Disease 6, Accident 2, &c.

Over 65 years of age the principal causes were : Cancer 5, Bronchitis and Pneumonia 4, Heart disease 5.

INFECTIOUS DISEASES.—Fifty-four cases of Infectious disease have been notified during the year ; against 45 in 1903. Of the 54 cases, 39 were Scarlet Fever, 5 Diphtheria, 5 Enteric Fever, 4 Smallpox, and 1 Erysipelas.

SCARLET FEVER as last year again accounts for much the largest of these diseases, this was principally due to an epidemic which commenced at Great Ouseburn and spread to Whixley. In these two villages alone, 34 out of the 39 cases occurred.

The epidemic began in Great Ouseburn village in September, a few days after the school opened after the summer holidays; it was not stamped out until January of this year. In November it spread to Whixley and about 10 cases occurred in that village.

As to the origin of the outbreak I am of opinion that some child in the village of Great Ouseburn must have had a mild attack during the summer holidays, and that this case was not reported. Probably this child returned to school wearing infected clothing. In support of this theory I may state that towards the end of November, the school having then be closed for some eight or nine weeks, we re-opened as we had not had a fresh case for three weeks. The school had not been re-opened ten days when there was a further outbreak, the same child having probably again gone to school with infectious clothing on. I again closed the school and asked Mr. Cawood to disinfect the clothes of every child that had been at school, this was done and we have had no fresh cases. This shows how careful parents should be about seeking medical advice when their children are ill. We circulated handbills throughout Great Ouseburn and Whixley, pointing out the initial symptoms of scarlet fever, and drawing the parents attention to the Infectious Disease Notification Act, I am sure this did good, as cases were reported in their earliest stages.

Although the Isolation Hospital at Acomb was finished as far as building went, when these cases broke out, it was not furnished. I at once obtained permission to get the necessary furniture and within a week had five cases removed. In all, 28 cases were removed to the hospital. At first we had some little difficulty in persuading parents to send their children, before long this wore off, and during the latter part of the epidemic parents were only too anxious to have their sick ones removed from the healthy. This was largely due to Nurse Copeland who was in charge of the fever hospital, she not only made the children happy but on her visits to the villages to remove cases, won the confidence of the parents. It is satisfactory to note that I had not a single complaint from any parent as to the treatment of their children at the hospital, every case sent in recovered, and returned home in apparently in good health.

In my own mind I have no doubt the hospital was beneficial in checking the spread of this epidemic, perhaps it would have been more so if it had been ready when the first cases broke out. I attribute the continuance of the epidemic to the fact that someone was going about with infectious clothing on, secondly to the fact that several cases were not removed at all.

In one house in my own practice lived father, mother, and seven children, the father broke down with Scarlet Fever and was at once removed, not one of the children took the disease, and this was in a house where it was an impossibility to isolate at home, and where milk was sold.

SMALLPOX.—After several years immunity from this disease, we have had this year four cases, all in Acomb. The first case broke out on October 15th, two more occurred on November 19th, and the fourth on December 5th, this last case ending fatally.

As to the origin of the disease I am of opinion that the first patient contracted the disease from his son who resided in York. This son was in the habit of going to the West Riding towns to attend athletic meetings, after one of these visits he had what was supposed to be an attack of Chicken-pox, but which more probably was an attack of modified Small-pox. During the time he was ill his principal visitor was his father (our patient), who developed a typical and severe attack of Small-pox. Although we tried in every way possible to get the names of all contacts, they omitted to give us the name of one young man who had been regularly visiting the house, this young man carried the infection to his mother

and brother. As to the fourth case it was not evident how he caught the disease, but probably the infection was carried on clothing.

None of these patients had been re-vaccinated, and it is interesting to note that the severity of the disease was in proportion to their age, the youngest of all aged sixteen, whose infancy vaccination was still having a certain protective influence, having only a very mild attack, while the eldest had a very severe attack.

When the first case occurred we were totally unprepared to deal with Small-pox, and if we had not been able to prevail upon the York authorities to take the cases into their hospital we might have had a much more serious outbreak. My authority at once realizing the danger gave me leave to procure a site and erect a small hospital for accomodating four patients, this I considered to be quite large enough for our present needs. In a week's time we had erected our hospital on a capital site on Hessay Moor. I dont think we could have obtained a much better site even if we had had our pick. The hospital is practically isolated from any houses and is also easily accessible as the main road runs within two hundred yards of it. Our other three cases were treated in our own hospital.

A large amount of re-vaccination was performed in Acomb when the outbreak occurred, but what a pity it is that people wait until they have a case of Small-pox in their midst before they submit to re-vaccination when it may be too late. I should like to quote you some figures of Dr. Kayes which he has just printed as to the efficacy of vaccination in preventing Small-pox ; his report is with reference to an outbreak of Small-pox in a public elementary school at Common-side, in the borough of Ossett.

The school consists of mixed and an infants' department, the latter is practically separate, while the mixed department consists of three rooms under the same roof in which the number of scholars is as follows : Room A, 69 ; Room B, 74 ; Room C, 26. On the 27th of October, 1904, the schoolmaster observed a girl in standard IV with a suspicious rash on the hands and face, this was found to be Small pox and every precaution taken.

Room A. The particular class in which the infected child was consisted of 27 boys and girls ranging from 9 to 13 years of age. Their condition as to vaccination was as follows : vaccinated and re-vaccinated, 6 ; vaccinated in infancy only, 13 ; un-vaccinated (including the infected scholar), 8. By the 10th of November (the incubation period) *every un-vaccinated scholar in the class had developed Small-pox*, while every one of the others had escaped.

Other classes in Room A comprised in all 42 scholars whose condition as to vaccination was as follows : vaccinated and re-vaccinated, 8 ; vaccinated only in infancy, 20 ; unvaccinated, 14.

In due course twelve of the un-vaccinated ones went down with Small-pox, only two escaping. Of those vaccinated in infancy all escaped except five and these were all over the age of eleven years. All the re-vaccinated ones remained un-affected.

Room B, 74 scholars, vaccinated 31, un-vaccinated 43. The exposure to infection in this room was relatively slight being only due to the casual mingling of the scholars in the approaches and play ground. Nevertheless 13 of the un-vaccinated ones took the disease and all those who had been vaccinated escaped.

Room C, entirely devoted to standard I, 26 scholars, whose chances of mixing with the older scholars of the infected room A were naturally reduced 14 had been vaccinated 12 un-vaccinated. All the former escaped, while 4 of the un-vaccinated took Small-pox within the fortnight.

I consider these figures most striking

I am glad to be able to report that infantile vaccination is largely carried out in this Union ; very few children being un-vaccinated. On the other hand a very small proportion of people have been re-vaccinated especially among the rural

population. Since the epidemic of Small-pox broke out in the West Riding I have regularly examined the tramps who have passed through our vagrant wards, and I am glad to be able to report that a large percentage of them have been re-vaccinated.

ENTERIC FEVER. In the year five cases have been reported to me in different parts of the Union, and these have as a rule been found to be due to defective drains. I think with better drainage we are gradually becoming freer from this disease, for the past five years the average number of cases has been 4·5.

DIPHTHERIA. Five cases occurred during the year, two in one house at Copgrove, due to defective drains.

MEASLES. Severe epidemics of Measles have occurred at Little Ouseburn and Whixley; the schools at both of these villages having to be closed on this account.

During the past month I have obtained one of Thresh's Portable Formalin Disinfectors. This Disinfector can be moved on a cart from one part of the Union to another. By means of this Disinfector we shall be able to disinfect blankets, mattresses, clothes, &c. things which I do not consider to be properly disinfected by fumigation with sulphur.

This Disinfector could also be taken to the Small-pox Hospital and kept there during an outbreak of Small-pox, this I consider would be much safer than removing infected clothing to the Steam Disinfector at the Fever Hospital.

SEWERAGE WORK.—Not much has been done during the year, but there are improvements needed in the villages of Nun Monkton, Green Hammerton, Little Ouseburn, and Marton, in each of these places some of the sewers are constructed with butt jointed tiles and even some of the old horse shoe type. I have no doubt that Mr. Cawood will be reporting these to you before long and I hope you will give orders for the work to be done.

With regard to Sewage Disposal Works an improvement has been made at Aldborough, the Ings Lane sewage being treated now on a plot of Land before discharging into the ditch.

At Acomb the Sewage Farm Manager resigned and the duties were assigned to Mr. Cawood, in September. I hope now we shall not have so many complaints from the River Board. The last time I was at the sewage farm I noticed considerable improvement, and if it is possible to get a good effluent I am sure Mr. Cawood will do so.

WATER SUPPLY.—We are still without good water at Green Hammerton, although we have bored to a considerable depth. Dr. Kaye has kindly consented to analyse samples of water submitted to him from wells in this village, and I hope he will be able to give us advice on the matter when he has completed the analysis. In all other villages in our Union we have been able to obtain good water by boring into the red sandstone.

HOUSES AND STREETS.—The New Street Works at Acomb were completed in the early summer, these must have been a boon to the inhabitants, it will soon be necessary to take the new area in Carr Lane in hand, it is not wise to allow these streets to go anything like so long before being made up as was the case in Gladstone Street, &c.

New houses have been built at Acomb and Poppleton, the principal part of these are better class houses.

I have again to thank the West Riding Laboratory for examining and reporting on specimens sent by the medical men in this district. This is a great aid to diagnosis in the first stages of diseases, especially diphtheria.

C. E. LOWNDS,

Medical Officer of Health.

February, 1905.

Appended is Mr. Cawood's Report

For the Year ending December 31st, 1904.

Sewers new and re-laid (being short lengths)	..	..	5
Houses and Premises re-drained	..	..	21
Privies new or re-constructed	..	..	22
Ashpits new or re-constructed ..	..	..	28
Pail Closets made ..	..	..	3
Water Closets made	..	..	2
Sink discharge pipes disconnected from drains	..	..	2
Other Nuisances abated	..	..	20
			<hr/> 103 <hr/>

C. CAWOOD,

Inspector of Nuisances.

TABLE I.

Rural District of Great Ouseburn.

Vital Statistics of Whole District during 1904 and Previous Years.

YEAR.	Population estimated to middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT	Deaths of Non- residents registered in Public Institu- tions in the District.	Deaths of Residents registered in Public Institu- tions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.			
		Number.	Rate.*	Under 1 year of age		At all ages.					Number.	Rate.*	Number.	Rate.*
				Number.	Rate per 1,000 Births registered	Number.	Rate.*							
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.		
1894	12,064	346	28·6	45	3·7	175	14·5	7			175	14·5		
1895	9,419	268	28·4	33	2·7	141	15·3	5			141	15·3		
1896	„	265	28·1	26	2·1	121	12·7	5			121	12·7		
1897	„	242	25·6	28	2·3	135	14·3	6			135	14·3		
1898	„	245	26·2	28	2·9	158	16·5	5			158	16·5		
1899	„	240	25·4	21	2·2	124	13·05	4			124	13·05		
1900	„	231	24·5	42	4·4	168	16·9	7			168	16·9		
1901	„	238	25·2	27	2·8	143	15	8			143	15		
1902	9,573	240	25·07	16	1·7	138	14·3	4		4	142	14·8		
1903	„	226	23·6	21	2·1	121	12·6	7		4	125	13·05		
Averages for years 1894-1903	9,714	254	24·7	28	2·6	142	14·1	5		4	143	14·2		
1904	9,573	241	25	33	3·4	127	13·2	10		6	133	13·9		

*Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term “Non-residents” is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term “Residents” is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The “Public Institutions” to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums.

Area of District in acres
(exclusive of area
covered by water) } 43,134.

Total population at all ages; 9,573.
Number of inhabited houses; No record.
Average number of persons per house; No record

At census of
1901.

TABLE II.

Rural District of Great Ouseburn.

Vital Statistics of separate Localities in 1904 and Previous Years.

NAMES OF LOCALITIES.	1. ACOMB.				2. BOROUGHBRIDGE.				3. REST OF DISTRICT.				4.				5.				6.				7.			
	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.
1894	2,181	100	32	8	924	39	15	5	8,959	207	128	32																
1895	"	95	25	13	"	24	12	3	6,314	149	104	17																
1896	"	79	31	10	"	22	11	3	"	164	79	13																
1897	"	69	31	6	"	33	19	7	"	140	85	15																
1898	"	71	42	12	"	20	19	4	"	154	97	12																
1899	"	80	35	8	"	23	7	1	"	135	84	12																
1900	"	73	45	18	"	16	12	3	"	132	111	21																
1901	"	79	35	13	"	22	11	4	"	127	97	18																
1902	2,753	84	38	4	830	14	19	3	5,990	142	81	9																
1903	"	81	35	10	"	19	6	1	"	158	101	16																
Averages of Years 1894 to 1903	2,295	81	35	10	739	23	13	3	6,513	150	96	16																
1904	2,753	84	36	13	830	17	13	4	5,990	140	78	16																

TABLE III.

Rural District of Great Ouseburn. Cases of Infectious Disease notified during the Year 1904.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.			NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.		
	At all Ages.	At Ages—Years.					Acomb.	Borough-bridge.	Rest of District.	Acomb.	Borough-bridge.	Rest of District.
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.						
Small-pox ..	4				1	3	4			4		
Cholera ..												
Diphtheria ..	5		3	1	1			5				
Membranous Croup ..												
Erysipelas ..	1			1			1					
Scarlet Fever ..	39		8	28	1	2	1	1	37			28
Typhus Fever ..												
Enteric Fever ..	5		1	1	1	2	2	1	2			
Relapsing Fever ..												
Continued Fever ..												
Puerperal fever ..												
Plague ..												
Total ..	54		12	31	4	7	8	7	39	4		28

Isolation Hospital at Acomb.

Smallpox Hospital, Hessay Moor.

TABLE IV.
Rural District of Great Ouseburn. Causes of, and Ages at, Death during the Year 1904.

CAUSES OF DEATH.	DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING IN OR BEYOND THE DISTRICT.							DEATHS AT ALL AGES OF "RESIDENTS" BELONGING TO LOCALITIES, WHETHER OCCURRING IN OR BEYOND THE DISTRICT.			Total Deaths whether Residents or "Non-Residents" in Public Institutions in the District.
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Acomb.	Borough-bridge.	Rest of District.	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
Small-pox	1					1		1			
Measles	3	1	2					1		2	
Scarlet Fever ..											
Whooping-Cough ..	2	2						1		1	
Diphtheria and Mem- branous Croup ..											
Croup											
Typhus											
Fever { Enteric	1					1			1		
other continued											
Epidemic Influenza ..											
Cholera											
Plague											
Diarrhœa	4	3	1					2		2	
Enteritis	1	1						1			
Puerperal Fever ..											
Erysipelas											
Other septic diseases											
Phthisis (Pulmonary Tuberculosis) ..	7				2	5		2		5	2
Other Tubercular Diseases	6	2	1			3		2		4	
Cancer (Malignant Disease	8					3	5	2	1	5	1
Bronchitis	10	5	1			1	3	3	2	5	1
Pneumonia	3		1			1	1	1		2	
Pleurisy											
Other Diseases of Respiratory Organs											
Alcoholism } Cirrhossis of Liver }											
Veneral Diseases ..											
Premature Birth ..	6	6						1		5	
Diseases and Accidents of Parturition ..											
Heart Diseases ..	10					5	5	4	3	6	3
Accidents	3			1		2					
Suicides											
All Other Causes ..	62	13	3	2		6	38	15	8	39	3
All Causes	127	33	9	3	2	28	52	36	15	76	10

